

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** State University of New York at Purchase College

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** none

**Address of Service Provider:** 735 Anderson Hill Road Purchase, New York 10577-1499

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Nathan B. Crocker

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Computing & Information Services at SUNY Purchase

735 Anderson Hill Road Purchase, New York 10577-1499

**Telephone Number of Designated Agent:** (914)251-7903

**Facsimile Number of Designated Agent:** (914)251-6476

**Email Address of Designated Agent:** crocker@purchase.edu

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 06/16/1999

**Typed or Printed Name and Title:** Nathan B. Crocker

Web Coordinator

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**



**RECEIVED**

**AUG 19 1999  
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